



City of Roanoke
Billings & Collections
 215 Church Ave SW Room 252
 Roanoke VA 24011-1529
 (540)853-2456 FAX (540)853-2458
 Email: billings@ci.roanoke.va.us

Date _____

Name: _____ (required)

Mailing address: _____ (required)

City, State, Zip: _____ (required)

SEWER EXEMPTION CREDIT APPLICATION FOR SWIMMING POOL WATER USAGE

Account Number: _____ (required)

Service address: _____ (required)

Telephone Number: (_____) _____ (required)

The following information is required to process this application:

1. Is the swimming pool drain connected to the sanitary sewer system?
 YES NO DO NOT KNOW
2. Swimming pool capacity: (in gallons) _____.
3. How was the pool filled? () full capacity () partial capacity

For round pools only:	OR	For all other pools:
Diameter: _____ ft.		Length: _____ ft.
Average depth: _____ ft.		Width: _____ ft.
		Average depth: _____ ft.

Only one (1) sewer exemption credit per year will be allowed. Pool capacity must be 10,000 gallons or more per fill up to qualify for the sewer exemption.

It may be a violation of state regulations to discharge chlorinated water into the waters of the Commonwealth of Virginia. The exemption credit, if allowed, does not relieve the pool owner from any responsibility or obligation to follow state regulations. This is to certify that the water used to fill the swimming pool will not enter the sanitary sewer system or storm drain. The above information given is true to the best of my knowledge.

All required information must be completed in order to process this application.

 (water account consumer's signature) (date)

 (owner's signature) (date)

<u>OFFICE USE ONLY</u>	
Inspected by: _____	Date: _____
Approved/disapproved by: _____	Date: _____